

Revenue Service Central Address Unit Tel: (617) 626-5040 Fax: (617) 727-8221

EMPLOYER CHANGE OF ADDRESS REQUEST

Complete and return this form to:

Division of Unemployment Assistance Revenue Service Central Address Unit - 5th Floor 19 Staniford Street **Boston, MA 02114**

PLEASE TYPE OR PRINT CLEARLY IN INK.

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FOR DIVISION USE ONLY				
Request by: (D.U.A. Employee)				
Phone: Date:				
L.O Unit:				
Source of Request:				

Would you like to change your address online? Go to: https://ipasssecurity.detma.org/ipass/loginnew.asp?ipc=2 С

D.U.A. EMPLOYER NUMBER: (8 Characters)		FEDERAL I.D. NUMBER: (9 Characters)		
NAME OF EMPLOYING UNIT: (II	ndividual, Partner, Corpo	ration)		
TRADE NAME:			TELEPHONE:	
LEGAL ADDRESS: (NOT a P.O.	. Box) (Agent address is	not permitted.)	/	
No. Street (25*)	City/Town (13*)	State	(2*) ZIP	(5*)
LOCATION OF PAYROLL RECO		Otato	211	(0)
No. Street (25*)	City/Town (13*)	State	(2*) ZIP	(5*)
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MAILING ADDRESS: Employer's	Quarterly Contribution Re	eport (D.U.A. Form 00	01) (Agent address is <u>not</u>	permitted.)
` '	Quarterly Contribution R	eport (D.U.A. Form 00 City/Town (13*)	(Agent address is not State (2*)	permitted.) ZIP (5*)
MAILING ADDRESS: Employer's No. Street or P.O. Box (25*)	Quarterly Contribution R	eport (D.U.A. Form 00 City/Town (13*)	(Agent address is not State (2*)	permitted.) ZIP (5*)
MAILING ADDRESS: Employer's No. Street or P.O. Box (25*) Request for Separation ar	Quarterly Contribution Re (nd/or Wage Information (C	eport (D.U.A. Form 00 Dity/Town (13*) laim) (D.U.A. Form 10	O1) (Agent address is <u>not</u> State (2*) 62/1074) (Agent address is	zIP (5*) s permitted.)
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MAILING ADDRESS: Employer's No. Street or P.O. Box (25*) Request for Separation ar	Quarterly Contribution Rend/or Wage Information (Cond/or Wage Information (Condense)	city/Town (13*) laim) (D.U.A. Form 10 City/Town (13*) Reimbursable Benefi	State (2*) 62/1074) (Agent address is not State (2*) 62/1074) (Agent address is State (2*) its (D.U.A. Form 1088/108	ZIP (5*) s permitted.) ZIP (5*) ZIP (5*) 9-1) (Agent address

(1088/1089-1), I am agreeing to be bound by my agent's actions or inactions regarding any action required or permitted concerning those forms.

SIGNED BY:	TITLE:
DATE:	TELEPHONE: